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ABSTRACT

This monograph is designed to provide educators with a concise and reliable source of information for developing an Acquired Immune Deficiency Syndrome (AIDS) curriculum and for establishing school health policies for dealing with students and personnel with AIDS. Instructor qualifications for AIDS education are discussed, along with community involvement in AIDS education. Appended are answers to the AIDS knowledge self-test, selected resources for AIDS education and health policy, and an AIDS summary sheet. (JD)

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AIDS Education: Curriculum and Health Policy

William L. Yarber

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AIDS Education: Curriculum and Health Policy

by
William L. Yarber

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Introduction

Acquired immunodeficiency syndrome, or AIDS, presents a challenge to educators unprecedented in the history of our schools. Because currently there is no cure for AIDS, it is a public health problem of immense proportions, calling for national efforts to control and eventually eradicate this menacing disease. The schools must be part of this effort because every day they serve more than 47 million students attending about 90,000 elementary and secondary schools. Schools, among all our social institutions, are best suited to carry out the only means we currently have to prevent the spread of AIDS, and that is EDUCATION.

Our schools are willing to take the lead in education about AIDS, but many are unsure about how to proceed. They face the issues of what, when, and how to teach students about AIDS and of formulating policies for dealing with students and employees who have AIDS. Because of the sexual issues related to AIDS and because of the fears associated with contracting the disease, the topic is highly controversial, requiring schools to enter into areas they have never dealt with before. This fastback is designed to provide educators with some guidelines for developing an AIDS curriculum and for formulating school health policies about AIDS.

At the present time, the only defense against AIDS is individual preventive measures. U.S. Surgeon General C. Everett Koop, as well as such prestigious organizations as the Institute of Medicine and the

National Academy of Science, conclude that, in the absence of a vaccine or medical cure, preventive educational programs are the best defense against the spread of AIDS. Dr. Koop stressed that information should be given in schools before young people reach the age when they might adopt high-risk sexual and drug abuse behaviors associated with AIDS. Students need to be informed about ways to protect their health before they make behavioral choices that unknowingly put them at risk.

Parents are asking schools to assume a greater role in AIDS education. A recent *Time* magazine poll found that 83% of those surveyed agree that schools should teach young people about AIDS.

Even though only about 1% of the total current AIDS cases occur in persons under age 20, the risk of AIDS for young people is high. Many adolescents are sexually active and use intravenous (IV) drugs, both of which are behaviors that increase the risk of exposure to the AIDS virus. For example, studies indicate that by age 19, about 63% of females and 78% of males have had at least one coital experience, with about 28% of persons aged 12 to 17 currently being sexually active (National Research Council 1987). An estimated five million adolescents have used IV drugs. Sexually transmitted diseases (STD), of which AIDS is one, impair the health of more teenagers than do all other communicable diseases combined (about one-half of STD patients are below the age of 25). Also of great significance is that, since the incubation period for AIDS can be up to five years or more, many of the cases in the 20 to 29 age group – an age group currently representing about 21% of AIDS cases – may have become infected with the AIDS virus during adolescence. Hence, many young people who now are engaged in high-risk behaviors may develop AIDS in their twenties. Given these facts, it is apparent that adolescents are a high-risk group for AIDS.

Even if currently there are not any known AIDS cases or persons with the AIDS virus in a school, it is imperative that all schools adopt policies for handling persons with AIDS attending school. Develop-

ing policy in this area is likely to evoke strong and conflicting views. Many issues must be considered and resolved before policies are adopted and implemented. For example, should students with AIDS be permitted to attend school without restrictions? What precautions should be taken if they do attend classes? How do schools protect the physical and emotional health of the AIDS student? Which school personnel, if any, should be informed of the identity of students having AIDS? Should schools conduct mandatory AIDS antibody testing of entering students and new employees? And, how does a school deal with parents and students who object to having students with AIDS in the regular classroom? This fastback will deal with these and other policy issues.

What Do You Know About AIDS?

Because the media coverage of AIDS has been so extensive, there are few who have not been exposed to some information about AIDS. The almost daily barrage of news items becomes so overwhelming that people sometimes tend to ignore the topic and the issues related to it. While people do acquire information about AIDS from the media, the learning often is haphazard, providing only bits and pieces of information. As a result, many persons have incomplete information and many false notions about the nature of AIDS and about what one must do to prevent the spread of AIDS. In order not to be among the misinformed or half-informed, test your AIDS knowledge with the brief quiz below. The test items cover the basic preventive health behaviors related to AIDS, which should be stressed in AIDS education.

For each statement, circle the letter T, F, or U to indicate whether you believe the statement to be True, False, or Undecided. The correct answers, along with related information, are given in Appendix A on page 44.

AIDS Knowledge Self-Test*

T F U 1. Everyone infected with the AIDS virus has developed AIDS.

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*Adapted from *AIDS: What Young Adults Should Know* by William L. Yarber (American Alliance Publications, 1987). This test may be reprinted without permission of the publisher.

T F U 2. The AIDS virus itself usually does not kill the person.

T F U 3. A person having the AIDS virus can pass it on even though that person shows no AIDS symptoms.

T F U 4. During sexual activity, exchange of such body fluids as semen is one way of transmitting the AIDS virus.

T F U 5. Drug users who share needles and syringes are at high risk for getting the AIDS virus.

T F U 6. A person can get the AIDS virus from giving blood.

T F U 7. Only homosexual and bisexual males get AIDS.

T F U 8. Women can transmit the AIDS virus to sex partners.

T F U 9. A positive antibody test for the AIDS virus means that the person has developed or will develop AIDS.

T F U 10. Students who have engaged in high-risk sexual or IV drug-using behaviors can get confidential AIDS testing and counseling.

T F U 11. The AIDS virus can be spread through everyday social contact, such as touching or being near a person with AIDS.

T F U 12. A person who either practices sexual abstinence or restricts sex to an uninfected partner and remains faithful to that partner and who does not use IV drugs has almost no chance of getting the AIDS virus.

T F U 13. The use of condoms when having sex is an effective way to reduce the risk of getting the AIDS virus.

T F U 14. A person infected with the AIDS virus through IV drug use can pass the virus to a sex partner even though the partner does not use IV drugs.

T F U 15. There is a national, toll-free, telephone hotline that provides AIDS information.

Teaching About AIDS

Although not all young people are at risk for AIDS, schools should provide AIDS information to all students. AIDS is a serious public health problem affecting many aspects of our society. Students have a right to be informed, and schools have an obligation to provide the facts that will enable students to protect their health. Students need to know that AIDS is preventable by practicing certain behaviors that avoid, or at least minimize, the risk of exposure to the AIDS virus.

Goals of AIDS Education

There are different views and considerable controversy among health educators and government officials about the most effective approach to AIDS education. Some existing AIDS education curricula have a strong medical/technical approach; others stress health behaviors, social/ethical issues, abstinence, and "safe sex." Adding to the confusion are the differing views of persons in high government posts. For example, U.S. Surgeon General C. Everett Koop and Secretary of Education William J. Bennett have differed on the instructional emphasis that should be given to various AIDS prevention methods and on specific moral messages that students should receive.

The Reagan Administration's policy on AIDS education in schools is presented in a February 1987 Domestic Policy Council Memorandum. It recommends that the federal government should not mandate

a specific curriculum; rather, the scope and content of AIDS education curricula should be determined locally. The memorandum also contains important statements stressing abstinence and sexual fidelity when teaching about specific AIDS prevention techniques. The implications of these statements will be discussed later.

Despite some initial confusion over the best approach to AIDS education, most health educators advocate an approach used in dealing with other health problem areas, which is to provide sufficient information and guidance for students to practice intelligent, self-directed behavior. That is, following classroom instruction, students should be able to make sound decisions about their own behavior in order to protect themselves and others from the AIDS virus.

When developing an AIDS education curriculum using the life behaviors approach, it is first necessary to identify the specific behaviors expected as a result of instruction. Once the behaviors are identified, they serve to guide both the content to be taught and the instructional methods to be used. Following is a list of behaviors that can serve as the basis of an AIDS curriculum.

Following AIDS instruction, the student will:

PRACTICE a sexual lifestyle that avoids exposure to the AIDS virus.

AVOID sharing drug needles and syringes if using intravenous drugs.

BE ALERT to one's health status relative to AIDS symptoms if one has practiced high-risk behavior.

SEEK medical advice if exposure to the AIDS virus is suspected.

AVOID exposing others if an AIDS virus infection is suspected or diagnosed.

GET sexual and IV drug-using partners to seek medical care if one is diagnosed as having the AIDS virus.

FOLLOW the physician's directions if one is diagnosed as having the AIDS virus or AIDS.

BE HELPFUL to and supportive of a friend who has AIDS.
BE AN ADVOCATE of AIDS education, of AIDS research and health care, and of the rights of persons infected with the AIDS virus.
SERVE as a resource for accurate information and advice concerning AIDS.

In reviewing the above behaviors, one can see how accurate information, appropriate attitudes, and direct action are all necessary components in an AIDS education curriculum. If these behaviors are practiced, then much progress can be made in reducing the spread of AIDS.

Providing Appropriate and Accurate Information

Health educators stress when teaching about sexually transmitted diseases (STD), of which AIDS is one, that instructional materials should be designed to influence voluntary adoption of health-conducive behaviors related to the prevention, acquisition, transmission, and disposition of an STD. A recent Centers for Disease Control (CDC) publication (U.S. Department of Health and Human Services 1985) on guidelines for STD education states:

> Quality STD instruction means that students will be taught ways to avoid STD, to recognize STD symptoms, to access STD clinics or other health care providers, to follow treatment instructions if infected, and to refer all sex partners for medical care. A school curriculum which focuses on the teaching of STD biomedical facts detracts from the purpose of STD education and does not represent a quality unit of instruction.

In a recent analysis of current secondary school health science and sex education textbooks, the researchers attempted to find out if the STD information presented reflected the viewpoint about STD education expressed in the above quotation (Kroger and Yarber 1984). They found that the health science textbooks tended to omit almost

all pertinent information about personal STD preventive behavior and concluded that such textbooks may be contributing little or nothing toward reducing the incidence of STD and their health consequences. The sex education textbooks provided a greater amount of information about appropriate health behaviors, but the use of these textbooks is quite limited nationwide. The lack of information in textbooks about the personal behaviors needed to reduce the incidence of STD is a serious shortcoming. In most schools, the textbook is still the most frequently used information source for students to learn about STD and AIDS.

Instructional Content in Teaching About AIDS

The instructional content for teaching about AIDS should emphasize the personal behaviors that place one at risk of contracting the AIDS virus and the behaviors that help one avoid infection. Discussion of these topics can be simple and direct, since the virus is spread in only a few ways and only a few behaviors are necessary to prevent infection.

Students should be informed that the AIDS virus can be transmitted when infected semen, vaginal secretions, or blood enters the vagina, rectum, or mouth of a sexual partner, and by use of contaminated needles and syringes. Discussion about prevention methods, which will be discussed later, should include sexual abstinence and fidelity, use of condoms to avoid exchange of body fluids, careful selection and limiting the number of sexual partners, and refusal to share needles or syringes by IV drug partners. Explicit discussion of "safe sex" practices suggested for homosexuals and bisexuals is probably inappropriate in schools. However, students should be informed that there are organizations that can be contacted if further details concerning prevention are desired.

Students do not need to know a lot of biomedical information, such as how the AIDS virus breaks down the immune system. Such information is not necessary for students to understand how to avoid in-

fection. Moreover, teachers cannot be expected to be experts on immunology. Teachers should take care not to let classroom discussion focus mostly on biomedical facts. More appropriate instructional strategies for AIDS education are discussions of AIDS social/ethical issues, examination of one's own attitudes about AIDS, and the rehearsal of AIDS preventive health behaviors.

When students ask detailed biomedical questions that cannot be answered in class, the teacher can assign a group of students to record the questions. Then the students can call the local AIDS Hotline or the AIDS National Hotline (1-800-342-AIDS) for the answers and report back to the class.

The instructional focus should not be on the high-risk groups, per se. For example, students need to know that the AIDS virus is transmitted through certain risky sexual and IV drug behaviors, and not because a person's sexual orientation happens to be homosexual.

The major topics that should be covered in AIDS education are:

1. Current information on the seriousness of the AIDS problem.
2. The cause of AIDS.
3. The frequency of AIDS cases by groups of persons.
4. How the AIDS virus is transmitted.
5. How the AIDS virus is known not to be transmitted.
6. Risk reduction related to sexual behavior.
7. Risk reduction related to IV drug use.
8. What happens when a person becomes infected with the AIDS virus.
9. How an AIDS virus infection differs from having AIDS.
10. Symptoms of infection with the AIDS virus.
11. Learning if one is infected with the AIDS virus.
12. Avoiding the spread of the AIDS virus by infected persons.
13. What one can do to help stop the spread of AIDS.
14. Supporting a friend with AIDS.
15. How to get more information about AIDS.

A summary of the topics listed above is found in the AIDS Summary Sheet in Appendix C on page 56. This sheet can be produced for class use without permission of the publisher.

Moral Issues in Teaching About AIDS

The Reagan Administration's Domestic Policy Council Memorandum, mentioned earlier, states that educational material developed by the federal government "should encourage responsible sexual behavior – based on fidelity, commitment, and maturity within the context of marriage." This stance is strongly supported by those who uphold the traditional moral view that sex should be confined to a husband and wife within a marriage relationship. Therefore, they believe that school AIDS educational material should have a strong "moral" base. In some instances, they have exerted sufficient political pressure on state legislators and local school officials to have their views incorporated into the AIDS curriculum.

Even though health educators advocate and teach sexual responsibility, most are not comfortable with the "sex within marriage only" stance, because it is unrealistic given the extent of premarital and extramarital sex in our society. From the standpoint of public health policy, they believe that an objective, scientific approach to AIDS as a communicable disease is the best educational approach. Instruction can stress that responsible sexuality is based on several factors, such as maturity, personal values, and one's own religious beliefs. And instruction can stress the value stance that each person is responsible for his or her own health and the health of others.

Explicitness of Materials

Curriculum writers and teachers often struggle over how explicit information should be in terms of the vocabulary and descriptions of sexual activity used to explain AIDS virus transmission and prevention. Educational materials produced for special populations such as

gay men often use explicit terms or sexual slang unique to the gay culture, and they describe "safe sex" techniques in detail. This does not seem appropriate or necessary in the school setting. However, school AIDS material for young adults should be honest, frank, and objective. For example, students need to be informed that vaginal and anal intercourse, and probably oral sex, can transmit the AIDS virus. They also should know that, other than abstinence and sexual fidelity, the use of a condom is the only prevention method currently available. These terms should be used and defined when necessary. Vernacular, or street terms, are appropriate only when needed to define the formal term.

Sometimes teachers underestimate students' ability to deal with sexual topics. Most students appreciate and respect teachers who present sexual information frankly and honestly and who treat their students as mature individuals. Of course, teachers must be sensitive to community values when discussing sexual information.

Presenting AIDS Prevention Methods

Some vocal groups argue that sexual abstinence and marital fidelity should be the only prevention methods emphasized in AIDS education. Such groups feel that the use of condoms is overemphasized, characterizing AIDS education as the "condom-mania" movement. They also want the "Just Say No" approach that is used in drug education to be the basic emphasis in AIDS education programs in schools.

Actually, most current AIDS school curricula do state that sexual abstinence is the most effective preventive strategy. However, most also include use of condoms, restricting sex to mutually faithful relationships, avoidance of anonymous and multiple sex partners, and avoidance of sharing IV drug needles and syringes as AIDS prevention methods. Despite moral proscriptions, throughout history and especially today, young people have chosen to be sexually involved with another person. A recent survey of 500 teenagers and college students revealed that sexual abstinence as an AIDS prevention method

was not considered an acceptable option. Therefore, it seems only reasonable that the school's role with students whose sexual behavior puts them at risk is to inform them about what to do to minimize exposure to the AIDS virus.

There are many ways teachers can communicate messages related to sexual morality without resorting to an uncompromising "Don't do it" stance. For example, when discussing sexual fidelity as one AIDS prevention method, a teacher could say, "It's safer to wait for sex until one can form a mutually faithful marriage or a long-term faithful relationship with one uninfected partner." This statement is correct, objective, and is applicable to both marital and non-marital relationships, such as gay couples. Yet, the message does stress the value of confining sex within marriage as a preventive strategy. Using this approach will help to ensure greater community acceptance of AIDS education.

The "Just Say No" approach used in drug education is inappropriate for school AIDS education. Equating sex with drug abuse may teach adolescents to be unduly afraid of sex. In school we need to acknowledge the positive aspects of sexuality. Young people should be taught to value and respect sex, to use sex wisely, and to understand that sexual expression is possible without the risk of STD, pregnancy, or AIDS. For example, suggesting mutual masturbation as a "safe" form of sexual behavior affirms the existence of young adults' sexuality and recognizes their need for some type of sexual outlet.

Dealing with Issues Related to Sexuality

Questions about sex are bound to come up during an AIDS education unit. For example, students may ask questions about homosexuality, oral sex, or "safe sex" methods for high-risk groups. Some teachers feel uncomfortable discussing explicit sexual practices and are therefore hesitant to teach about AIDS because they know such questions will come up. Furthermore, in some communities the discussion of some topics, such as homosexuality, would not be accept-

able and could result in the rejection of AIDS education in the school. Although many health educators believe that AIDS and sexual issues are so closely related that it is imperative to discuss both, others believe that AIDS education can be presented without getting into matters of explicit sexual behavior.

For many schools, a prudent approach is to present AIDS in a unit on communicable diseases in a health course without any detailed discussion of sexual issues. However, if a school already has an established sex education program, it would seem logical to offer instruction about AIDS in this program, where it could be integrated with discussion about a variety of sexual issues. Teachers prepared as sexuality educators are more likely to be qualified to address the sexual issues related to AIDS. If teachers who are not qualified as sexuality educators are assigned to teach a unit on AIDS, they probably should limit instruction to the basic information about behaviors relating to AIDS virus transmission and prevention. When students ask explicit questions about sexual matters, the teacher can simply say that such questions are beyond the scope of the AIDS unit, or refer the students to qualified professionals who can answer their questions.

Promoting Attitudes Conducive to Preventive Behavior

AIDS education not only should provide a basic body of information but also should foster attitudes that reinforce preventive behaviors. Compared to other STD, AIDS carries a stronger stigma because of its association with homosexuality and IV drug use. The media have carried many stories of discrimination against people with AIDS, including defenseless children. AIDS education should foster healthy attitudes leading to behaviors such as taking responsibility for one's own health and the health of others, recognizing the seriousness of the AIDS problem, practicing preventive behaviors related to sex and IV drug use, getting sex partners to seek treatment if infected with AIDS, showing compassion and providing support to those with AIDS,

and taking an active role in disseminating accurate information and encouraging further research on AIDS.

Fostering attitudes that lead to preventive behaviors will require that students have opportunities to practice or "rehearse" preventive behaviors through role playing, scenario writing, simulations, and other types of decision-making exercises. In the classroom, such learning experiences might include:

- Answering imaginary letters from teenagers with questions about AIDS in the form of a newspaper advice column.
- Writing about or participating in a group discussion on one's own attitudes concerning the social/ethical issues involved in AIDS prevention.
- Role playing a scene in which a person discusses AIDS prevention with a possible sex partner.
- Simulating a community task force that is charged with developing policy for dealing with a person with AIDS in the school.
- Practice using the AIDS National Hotline telephone service.
- Writing an editorial for the school or community newspaper on the need for an AIDS education program.
- Serving on a student committee to write a brochure to disseminate facts about AIDS and how to prevent it.
- Serving on a student committee to review audiovisual materials on AIDS for use in school.
- Practicing the steps of problem solving by using a typical AIDS problem faced by young adults.

These are only a few suggestions for learning activities. Creative teachers can think of many more. What is important is that the activities provide opportunities for student involvement in problem-solving and decision-making tasks and in practicing health-promoting skills. Through such involvement students will develop attitudes conducive to health behaviors that will prevent or minimize the spread of AIDS.

Selecting Instructional Materials

Selecting appropriate and accurate instructional materials is one of the major tasks facing schools that want to implement an AIDS education program. Because of the urgency of the AIDS problem, many government agencies, voluntary health organizations, and commercial publishers have responded by producing a wide variety of instructional materials. Some of these materials and their sources can be found in Appendix B on page 47. And new materials are coming out almost daily.

With the massive amount of materials available, the problem for a curriculum committee is selecting those that are both authoritative and appropriate for use in schools. In general, the most accurate and up-to-date material comes from local or state health departments and federal health agencies. However, many commercial publishers also have produced high quality materials, particularly if they have been produced in cooperation with a government health agency. Since no one curriculum can possibly fit every classroom, teachers will have to adapt the content and learning activities in AIDS education materials to fit their local situation.

With such extensive coverage in the media, the public is made aware of new information about AIDS almost on a daily basis. Although most information reported in the media is accurate, teachers and students should realize that some reports sensationalize certain issues and do not report all the conclusions of, or do not state the limitations of, scientific investigations. Also, students often say that they have read or heard something about AIDS that contradicts the accepted views of researchers and public health officials. When this occurs, teachers have an excellent opportunity to help students learn how to be wise consumers of health information and how to assess which information sources are most reliable.

It goes without saying that all AIDS instructional materials should be reviewed before using them in the classroom. Some of the infor-

mation may not be current, some of the concepts may not be explained fully, or some may not be appropriate for the age group.

Placement of AIDS Education in the Established Curriculum

In an already crowded curriculum, where is the most appropriate place for an AIDS education unit? Some schools have placed it in such courses as biology, health, home economics, sex education, and social studies. This arbitrary placement of the AIDS education unit presents several problems: varying instructional approaches, uneven quality of instruction, and lack of a single strong advocate for AIDS education. If AIDS education is placed in the biology course, there tends to be too much emphasis on the biomedical aspects of the disease. If placed in a social studies course, there is likely to be too much attention given to the social/ethical aspects of the problem. Furthermore, instructors of these classes are not likely to have the appropriate preparation in classroom strategies designed to influence health-conducive behavior.

Because AIDS is fundamentally a public health problem, the most logical "home" for AIDS education is in the communicable disease unit in a health course. Such a placement makes sense pedagogically because health educators are prepared in methods to help students make wise preventive health decisions, which is the essence of AIDS education. A further advantage for placing AIDS education in the health course is that nearly every school requires at least a semester course in health. Ideally, AIDS education should be part of a comprehensive health science curriculum, which includes instruction about other STD and human sexuality.

Since AIDS involves many sexually related issues, AIDS education can be incorporated into a course on human sexuality. This is being done successfully in many schools. However, in communities where sex education is controversial, the AIDS education program may be compromised if it is perceived as sex education. Actually, the AIDS education program can stand alone, since its primary goal

is to promote preventive behavior. Nevertheless, AIDS education can be more complete as part of a sound sex education program, where sexually related issues can be discussed if raised by students.

Because AIDS receives enormous media coverage, elementary school children hear about it and are likely to raise questions. U.S. Surgeon General Koop has made the controversial recommendation that AIDS instruction be included as part of the health and hygiene program as early as third grade. Actually, very few schools offer AIDS education below grades six or seven; although teachers do get questions about AIDS from elementary school children. It is more likely to be offered at the junior and senior high school level.

What can be done in AIDS education at the lower elementary school level is to alleviate children's excessive fears about the AIDS epidemic and contraction of the virus. Younger children also can be told that AIDS is difficult to get and that one cannot be infected simply by being near someone who has the virus or AIDS. By the fourth or fifth grade, when children have a greater interest in and understanding of human sexuality, teachers can provide basic information about how the AIDS virus is transmitted and how AIDS can be prevented.

Instructor Qualifications for AIDS Education

If inadequately prepared persons are assigned to teach AIDS education, the program can be seriously compromised. Such persons are likely to use inappropriate instructional approaches and to respond awkwardly to student questions and concerns. Since competent health educators have the skills needed to teach preventive health behaviors, they would be the most logical choice to teach AIDS education. AIDS instructors should be able to create a "safe" classroom environment in which students can discuss AIDS without fear of censorship or ridicule. They should be able to lead group discussions and values-clarification exercises and be able to communicate with students with ease and sensitivity, providing factual information in an objective, unbiased manner.

A school system that initiates an AIDS education program should provide inservice education on teaching strategies and basic scientific concepts related to AIDS. Most teachers – even health educators who completed their professional preparation several years ago – do not have an adequate understanding of the goals, content, and methodology of AIDS education. In a workshop setting, teachers can gain confidence in dealing with the AIDS content, especially those who think they need extensive biomedical information in order to teach about AIDS. Actually, the basic concepts teachers need to know concerning AIDS virus transmission and prevention are quite simple.

Some schools have used physicians, nurses, and local health department personnel to provide AIDS instruction. This usually is done to add credibility to the program or because no one on the faculty feels competent to teach about AIDS. Use of medical or public health personnel to provide AIDS education on a regular basis is not recommended, although they certainly can be used as resource speakers occasionally to supplement classroom instruction. Most of them are not educators and do not have the skills for working with young people on AIDS preventive behaviors. Also, they have a tendency to dwell too much on biomedical information, which is not necessary. Because regular classroom teachers know their students and have the instructional skills to carry out the goals of AIDS education, they should be the ones to provide the bulk of AIDS instruction.

Community Involvement in AIDS Education

Most communities support AIDS education in the schools, although opposition groups have emerged in some locales. In fact, because of the severity of the AIDS problem, many communities are willing to accept more discussion of the explicit details of AIDS transmission and prevention than they had previously accepted for other topics in STD and human sexuality. Nevertheless, teachers still must exercise some discretion. Generally, community involvement provides strong endorsement for the program.

Each community should develop its own AIDS education program. The local curriculum committee should include teachers, parents, medical personnel, clergy, and students.

With the vast amount of AIDS instructional material now available, a curriculum committee does not need to start from scratch. One of the functions of the committee might be to review the materials and select those that seem most appropriate for the community. Another function of the community-based curriculum committee might be to handle questions, concerns, and complaints about the program from parents and other community members. This relieves teachers and building principals from having to defend the program when criticism comes.

The need for parental consent for students to participate in the AIDS education program is likely to be an issue in many communities. A recent U.S. Conference of Mayors study of AIDS education in 73

of the country's largest school districts found that 45% of the school districts did require parental permission (U.S. Conference of Mayors 1987). In this writer's opinion, AIDS is such a serious public health problem that schools should have the authority, and indeed the obligation, to provide AIDS education to all students, regardless of whether they have parental permission. The final decision, of course, rests with local school officials, who know the political climate of their communities.

There is an alternative to requiring permission for AIDS education. At the beginning of the term, teachers offering a unit on AIDS can send parents a letter that provides a general description of the course in which the AIDS unit occurs. The letter should describe all the course topics and include an invitation for parents to come to discuss the course if they so desire. This approach, often used in health classes that include sex education topics, does not single out AIDS instruction as being especially sensitive or controversial.

School Health Policies for Persons with AIDS

In 1985 the Centers for Disease Control issued guidelines to help schools develop policy for persons in the school environment with AIDS. The guidelines were made in consultation with such organizations as the National Association of Elementary School Principals, the National Association of State Nurse Consultants, the National Congress of Parents and Teachers, and the Children's Aid Society. Both the National Education Association and the National Association of Independent Schools have endorsed the CDC guidelines. The American Academy of Pediatrics developed nearly identical guidelines in 1986.

The CDC guidelines state that students who have developed AIDS or are infected with the AIDS virus should be permitted to attend school in an unrestricted manner, except under certain conditions as described below. It has been interpreted that the guidelines also apply to faculty and staff. Despite the widespread acceptance of the CDC guidelines, efforts to bar persons with AIDS from school continue in some communities.

Many states and cities have developed their own policies since the CDC guidelines were published. A review of such policies indicates that schools will not automatically bar AIDS-infected persons from school; some are using review boards to deal with individual cases; and most are adopting the language used in the CDC guidelines. Several states have passed laws concerning schools and AIDS. For exam-

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ple, Indiana has a law that gives the county health officer, not the school officials, the authority to decide whether the student is fit to attend school. School districts yet to adopt guidelines should contact their state departments of health and education for assistance.

The NEA has made a strong policy statement on teachers and staff infected with the AIDS virus. It states that "educational employees shall not be fired, non-renewed, suspended (with or without pay), transferred, or subjected to any other adverse employment action solely because they have tested positive for the AIDS antibody or have been diagnosed as having AIDS or AIDS-related complex (ARC)." A 1987 Supreme Court ruling appears to provide strong support to the NEA position. The Court ruled that a federal law protecting handicapped persons from discrimination (Section 504 of the 1973 Rehabilitation Act) covers persons with contagious diseases.

CDC Guidelines

The CDC guidelines were published in the 30 August 1985 issue of *Morbidity and Mortality Weekly Report*, and the American Red Cross published them in less technical language in *AIDS and Children: Information for Teachers and School Officials*. The reprint of the guidelines below is taken from the American Red Cross publication.

Not one case of AIDS is known to have been transmitted in a school, day care, or foster care setting. AIDS is not spread through the kind of contact children have with each other, such as touching, hugging, or sharing meals and bathrooms. This is supported by long-term studies of family members of both adults and children with AIDS. Not one household member has become infected through routine, non-sexual contact with a family member with AIDS.

Is Going to School Risky for the Child with AIDS?

Children who have damaged immune systems, either from AIDS or other illnesses, risk suffering severe complications from infections

commonly picked up in school or day care centers, such as chicken pox, tuberculosis, herpes, measles and other diseases.

The child's doctor should evaluate the risk of infection, based on the child's immune status. The risk of acquiring some infections, such as chicken pox, may be reduced by prompt administration of specific immune globulin following exposure.

Public Health Service Guidelines for Local Authorities

The Public Health Service has developed recommendations to help state and local health and education departments formulate their own guidelines for the education and foster care of children with AIDS. These recommendations are designed to protect and promote the well-being of all children in school and day care settings.

- Decisions about education and care for children infected with the AIDS virus should be made by a team including the child's physician, public health personnel, parents or guardian, and school or day/foster care workers.
- Most infected school-age children should be allowed to attend school and after-school day care and, if needed, to be placed in a foster home. The benefits of an unrestricted setting outweigh the risks of their acquiring harmful infections. The risk of transmitting the virus to others is almost nonexistent.
- A more restricted environment is advised for infected preschool-age children, for children who cannot control their bowels or bladder, for children who display such behavior as biting, and for infected children who have uncoverable, oozing sores. These children should be cared for and educated in settings that minimize the exposure of other children to their blood and body fluids.
- Persons who are exposed to an infected child's body fluids and excrement (when changing diapers, for example) must know that the child is infected and must know procedures to follow to prevent transmission. Disposable diapers should be used, and soiled diapers should be placed in a plastic bag before discarding. Feces can be flushed down the toilet. Hands should be washed after exposure to blood and body fluids and before caring for

another child. Gloves should be worn if open sores are present on the caretaker's hands. Any open sore on the infected child should also be covered.

- Blood and body fluids on surfaces should be cleaned with one part household bleach diluted in 10 parts water.
- The hygienic practices of an infected child may improve as the child matures, or they may deteriorate if the child's condition worsens. For these reasons, the need for a restricted environment should be re-evaluated regularly.
- Adoption and foster care agencies should consider screening for AIDS virus infection before a child is placed in a foster or adoptive home. Foster and adoptive parents should be aware that they will need to learn about special care for the child.
- There is no reason to screen all children before they begin school.
- The records of children with AIDS should be kept confidential. The number of people who are aware of the child's condition should be kept to the minimum needed to assure proper care of the child and to detect situations, such as a bleeding injury, that may present a potential for transmission.
- All educational and public health departments are strongly encouraged to inform parents, children, and educators about AIDS and its transmission.

Questions and Answers About Children with AIDS in School

The Indiana State Board of Health has produced a flier that provides answers to frequent questions asked by school officials about students with AIDS or who have the AIDS virus. Portions of the text are reprinted below with permission of the Indiana State Board of Health, 1330 W. Michigan St., P.O. Box 1964, Indianapolis, IN 46206.

Question: What is the nature and degree of risk to a student with AIDS who attends a public school? To his or her fellow students? To staff?

Answer: It is reasonable to believe that a child with AIDS in a school setting may be at some increased risk of acquiring certain infections

from the other students. This would be similar to the situation encountered by children with defective immune systems due to other causes. The degree of risk would need to be assessed by the child's physician, who along with the child's parents and local health officials can then decide whether the child will attend school.

With respect to possible risk to other students and staff, the Centers for Disease Control (CDC) to date has no evidence that the AIDS virus has been transmitted among school children or through casual contact with infected persons. No cases of AIDS or AIDS virus infection have been reported to date in the classmates or teachers of infected children who have attended school.

Question: Is AIDS transmitted by saliva, coughing, sneezing, tears, perspiration?

Answer: There is no current evidence indicating that transmission of AIDS occurs by casual contact. There have been no reported instances where AIDS virus transmission could be attributed to saliva, or to coughing, sneezing, tears, or perspiration.

Question: If a student with AIDS coughs or sneezes, what measures should be taken to safeguard others in the room? On how small an airborne particle of body fluid can the AIDS virus be transported? Over what distance can the AIDS virus be transported by an airborne particle of body fluid? How long can the AIDS virus live when transported by an airborne particle of body fluid?

Answer: If a student with AIDS coughs or sneezes, they should cover their mouth or nose (as should any individual who is coughing or sneezing). However, this covering of the mouth or nose is not seen as a way to prevent the transmission of the AIDS virus, since evidence to date indicates that coughing or sneezing are not involved in transmission.

The answers to the questions regarding airborne particles are not known. However, again, the evidence to date does not implicate airborne spread as a way in which the AIDS virus can be transmitted to other persons.

Question: What constitutes "casual contact?" Is there a difference between "casual contact" at home and at school?

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Answer: In general terms, casual contact refers to contact other than sexual contact, and other than the contact that takes place between a mother and her infant during the birth process and during breast feeding.

Casual contact at home might be expected to be closer than that occurring in a school setting, and it could probably be expected that in the home a person would likely have some contact with other family members' body fluids. This means that if the AIDS virus could be spread by casual contact, it would be more likely to occur in a family setting than in a school. However, CDC and other investigators have followed family members of AIDS patients and found no instances where any of these persons have become infected, unless they were sexual partners of the AIDS patient or were infants born to an already infected mother. This is strong evidence to date against transmission of the virus through casual contact.

Question: What disinfectants will effectively inactivate the AIDS virus on environmental surfaces?

Answer: There are a number of disinfecting agents which inactivate the AIDS virus. Prior to using one of these disinfectants on a contaminated surface, the spilled blood or other body fluid should be cleaned up with disposable towels or rags and soapy water. Then the disinfectant should be put on the surface and allowed to air dry.

Effective inactivators of the AIDS virus include household bleach such as Chlorox or Purex (5.25% NaOCl) diluted 1:10 in water, rubbing alcohol (isopropyl alcohol 70%), and Lysol (active ingredients: soap 16.5%, o-phenyl phenol 2.8%, o-benzyl-p-chlorophenol 2.7%, alcohol 1.8%, xenols 1.5%, isopropyl alcohol 0.9%, and EDTA 0.76%).

Question: May an AIDS student share a drinking fountain with others? If so, what cleanliness measures must be taken?

Answer: There is no evidence to date that the AIDS virus is transmitted through drinking fountains. There currently is no reason why a student with AIDS should be prohibited from using a drinking fountain. The current evidence of how AIDS is transmitted does not necessitate any extraordinary cleaning measures.

Question: May an AIDS student share cafeteria/eating facilities with other students? What measures are necessary to insure that utensils are free from the AIDS virus?

Answer: There is no known reason a student with AIDS cannot share cafeteria/eating facilities with other students. The current evidence of how AIDS is transmitted does not necessitate special cleaning procedures for eating utensils. These utensils should be washed in a properly functioning dishwasher, or if washed manually they should be sanitized with a hypochlorite solution, as described above.

Question: Is the chlorine present in the water of a swimming pool sufficient to kill the AIDS virus? May an AIDS student share swimming facilities with others?

Answer: No studies have been done which specifically evaluate the ability of chlorine, at the levels found in swimming pool water, to inactivate the AIDS virus. It currently seems highly unlikely that the AIDS virus infection could be transmitted in a swimming pool.

Question: May an AIDS student participate in physical education activities? May an AIDS student share shower facilities with other students? If so, what cleanliness measures must be taken?

Answer: There is no known reason why a student with AIDS may not participate in physical education activities with his or her physician's approval. The student with AIDS can share shower facilities with others. The current evidence of how the AIDS virus is transmitted does not necessitate any extraordinary cleaning measures.

Question: May an AIDS student participate in musical activities using a wind instrument? If so, what cleanliness measures must be taken?

Answer: There is no known reason why a student with AIDS cannot use a wind instrument. He or she should not share the use of their mouthpiece with others (as would be the case for any student with a wind instrument). The current evidence of how the AIDS virus is transmitted does not necessitate any extraordinary cleaning measures.

Question: With what provisions may an AIDS student participate in home economics classes which involve cooking? In industrial arts shop classes in which cutters and abrasives are used?

Answer: There is no known reason why a student with AIDS may not participate in home economics classes and industrial arts classes as long as his or her physician and parents approve. AIDS is not considered to be a food-borne disease. In an industrial arts shop class, the student with AIDS should follow the same safety practices prescribed for other students. If an accident with blood spillage occurs, this should be handled as described in the CDC guidelines.

Question: Should the child with AIDS be removed from school when other students have, for example, impetigo, colds, mononucleosis, pertussis, or fungal or bacterial infections? What degree of illness such as colds or flu must be present in other students or staff before an AIDS student should be sent home?

Answer: Prior arrangements should be made between the child's physician, the parents, school officials, and the school nurse regarding the types and degrees of illnesses that would have to be present in the school to necessitate sending the child home.

Question: What added risks are present and what precautions are recommended for an adolescent female student with AIDS regarding the disposal of [menstrual] sanitary items?

Answer: There should be no increased risk as long as "sanitary items" are disposed of properly (flushable items should be flushed down the toilet; nonflushable items should be placed in a receptacle which is lined by a leakproof bag). If blood would happen to get on the toilet, floor, etc., this should be handled as described in the CDC guidelines. The student with AIDS should wash her hands immediately after handling "sanitary items," as should any other female in a similar circumstance.

Question: What extraordinary measures and precautions must a school nurse take to protect herself? Between contact with a student with AIDS and other students?

Answer: The school nurse should take precautions not to come into direct contact with the AIDS student's body fluids. For example, if she were cleaning a laceration, she should be wearing gloves. She should take care that she does not get body fluids on her clothing (under some

circumstances she might want to consider a disposable gown). If her clothing becomes contaminated with body fluids from the child with AIDS (or from any other child), she should change into other clothing. The contaminated clothing should be placed in a leakproof bag for washing. In washing clothing grossly contaminated with body fluids, reasonable steps would be to use hot water, household bleach such as Chlorox or Purex (5.25% NaOCl), and run the clothing through two consecutive wash cycles. If she has contact with the child's body fluids, she should wash her hands as soon as possible. Otherwise, no additional steps need be taken before she has contact with other students.

Question: What guidelines should be followed for transportation of the student with AIDS to and from school? What extraordinary measures should be taken in case of an accident causing bodily injury and bleeding?

Answer: The same guidelines that apply to any student should be followed. In case of injury involving bleeding, care should be taken not to come into direct contact with the blood (see CDC guidelines), a precaution which should be taken in the case of any student with bleeding. In confidence, emergency medical personnel and others providing assistance should be informed that the child has AIDS.

Question: What guidelines should apply to brothers and sisters of a student with AIDS?

Answer: Evidence currently available indicates that brothers and sisters of children with AIDS are not at increased risk of acquiring the AIDS virus infection from their infected sibling. Therefore, no additional precautions need be taken with brothers and sisters of an AIDS patient.

Question: How long is the AIDS virus able to survive outside the human body?

Answer: Evidence indicates that small amounts of the AIDS virus can probably survive in dried body fluids for several days. However, contact with a contaminated environmental surface has not to date been demonstrated to play a role in infection with the virus.

Question: Does the student with AIDS require a daily physical examination or a daily temperature determination when attending school? Who is responsible for monitoring the child with AIDS?

Answer: A daily physical examination or a daily temperature determination should not be necessary. The child's teacher should notify the school nurse of signs of illness in the child, just as would be done with any other ill student in class. The nurse can then evaluate the situation and, if it is felt to be necessary, contact the child's parent and/or physician.

Question: What precautions should be taken regarding rest room facilities?

Answer: The student with AIDS can use regular rest room facilities. According to the current evidence of how the AIDS virus is transmitted, no precautions beyond those listed in the guidelines are required. Rest rooms which may be used by menstruating females should have a receptacle lined with a leakproof bag where used "sanitary items" may be disposed.

Question: How should towels used by the student with AIDS be laundered?

Answer: Towels should be laundered in the usual manner unless they become grossly contaminated with blood or other body fluid. If such contamination occurs, they should be placed in a leakproof bag for washing. In washing a towel grossly contaminated with body fluid, reasonable steps would be to use hot water, household bleach such as Chlorox or Purex (5.25% NaOCl), and run the towel through two consecutive wash cycles.

Question: What steps should be taken by an individual who comes into direct contact with body fluids from a student with AIDS?

Answer: Persons who come into direct contact with body fluids from a person with AIDS should immediately wash the area thoroughly with soap and water (just as they should if they come into contact with any other person's body fluids).

Question: If a student with AIDS also has hemophilia and frequent nosebleeds, of what concern is this since other students might possi-

bly come into direct contact with his blood? Could infectious blood coming into direct contact with an open sore or wound result in infection? What about blood spillage in classrooms and hallways?

Answer: If a child with AIDS has a nosebleed, the main concern would be that others do not come into direct contact with the blood. Blood spillage in a classroom or hallway should be handled as described in the guidelines.

Question: Given the fact that the AIDS virus has been isolated from the saliva of some patients with AIDS, what concern is there that students, or the items they use at school, might come into contact with the saliva of the student with AIDS? What precautions should be taken?

Answer: Although the AIDS virus has been found in saliva, its concentration in this body fluid is less than that found in blood or semen. This leads to the conclusion that if saliva could serve as a means of infection, there would likely have to be direct contact with relatively large amounts of it, especially in light of evidence which indicates that exposure to relatively large amounts of virus may be needed before infection can occur. The possibility of coming into contact with quantities of saliva sufficient to result in infection under the conditions of contact that occur in a school setting would seem to be minimal. No specific precautions are felt to be necessary in this regard.

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Conclusion

Schools have a responsibility and an obligation to help young people protect themselves from the AIDS virus. The projection of the number of young people that AIDS will claim in the future leaves no alternative. People who will have AIDS in 1991 are in high school today; those who will have AIDS in 1995 are in grade school.

Today AIDS rivals cancer as the most feared disease in the nation. Yet many young people live with illusion that they are invulnerable to AIDS. A recent survey of 500 teenagers and college students found that only 3% would curtail their sexual activity because of fear of contracting AIDS. Certainly, not all students are at risk; but others are because of their sexual behavior and IV drug abuse. All students have the right to AIDS information.

Every school district must develop an AIDS education curriculum and establish policies on persons who have AIDS or are carrying the AIDS virus. The CDC guidelines can serve as a model for such policies. There must be a unified approach to AIDS education, with honest and frank discussion and quality educational materials that emphasize health-conducive preventive behaviors. AIDS education can be incorporated into the health curriculum, which includes education in sexually transmitted diseases and human sexuality.

Educators must take the lead in guaranteeing that every young person knows how to prevent contracting the AIDS virus. The time is now.

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Appendix A
Answers to AIDS Knowledge Self-Test

Following are the answers and brief explanations to the AIDS Knowledge Self-Test that appears on pages 10 and 11.

1. Everyone infected with the AIDS virus has developed AIDS.

False. Most health experts believe that from about 10% to 30% of those infected with the AIDS virus will develop AIDS.

2. The AIDS virus itself usually does not kill the person.

True. People with the AIDS virus acquire a variety of diseases that are not usually caught by healthy people, because their immune system has been weakened. The persons die from these diseases, not usually from the AIDS virus, per se.

3. A person having the AIDS virus can pass it on even though that person shows no AIDS symptoms.

True. Persons with the AIDS virus can transmit it to others even if symptoms do not develop. Also, one cannot determine if another person has the AIDS virus from the person's appearance.

4. During sexual activity, exchange of such body fluids as semen is one way of transmitting the AIDS virus.

True. Intimate sexual contact is the most common way the AIDS virus is transmitted. It can be passed when infected semen, vaginal secretion, or blood enters the vagina, rectum, or mouth of a sexual partner.

5. Drug users who share needles and syringes are at high risk for getting the AIDS virus.

True. When IV drug users have the AIDS virus, their infected blood is exchanged when they share their needles and syringes.

6. A person can get the AIDS virus from giving blood.

False. One cannot get the AIDS virus from donating blood since all equipment used to take blood donations is sterile.

7. Only homosexual and bisexual males get AIDS.

False. Anyone, heterosexual, homosexual, or bisexual, who engages in risky sexual or IV drug use behaviors can acquire the AIDS virus. It is the risky behaviors, not one's sexual orientation, that places the person at risk.

8. Women can transmit the AIDS virus to sex partners.

True. Male partners of infected women have become infected with the AIDS virus. There have been very few woman-to-woman transmissions.

9. A positive antibody test for the AIDS virus means that the person has developed or will develop AIDS.

False. The presence of the antibodies does not mean that the person has or will develop AIDS; some become very ill and others do not.

10. Students who have engaged in high-risk sexual or IV drug-using behaviors can get confidential AIDS testing and counseling.

True. Local or state health departments provide AIDS testing sites where confidential testing and counseling is available for all persons, including teenagers.

11. The AIDS virus can be spread through everyday social contact, such as touching or being near a person with AIDS.

False. No one should be afraid of getting the AIDS virus by casual, social, or family contact. People can, for example, work with others, attend school and public events, eat at restaurants, and be around members of high-risk groups without the fear of getting the AIDS virus.

12. A person who either practices sexual abstinence or restricts sex to an uninfected partner and remains faithful to that partner and who does not use IV drugs has almost no chance of getting the AIDS virus.

True. The surest way of not getting the AIDS virus is to abstain from sexual intercourse and other intimate sexual acts. Further, it is nearly impossible for a couple practicing sexual fidelity to get AIDS. This is true unless one partner is already infected at the start of the relationship, or if either partner uses IV drugs and shares needles or syringes.

13. The use of condoms when having sex is an effective way to reduce the risk of getting the AIDS virus.

True. The use of condoms prevents body fluids, such as semen, vaginal secretions, or blood, from entering one's body. However, there is still some risk since the condom is not 100% effective.

14. A person infected with the AIDS virus through IV drug use can pass the virus to a sex partner even though the partner does not use IV drugs.

True. The infected person can transmit the AIDS virus during intercourse or other intimate sexual contact.

15. There is a national, toll-free, telephone hotline that provides AIDS information.

True. In the United States the number is 1-800-342-AIDS.

Appendix B
Selected Resources for AIDS Education and Health Policy

Space permits only a selective listing of the many AIDS education materials currently available. The materials listed below are neither annotated nor evaluated. Therefore, each school system must determine their appropriateness for local use.

Unless otherwise cited, the materials are intended for use in secondary schools. Very few materials have been produced for elementary school. Many of the materials are produced by commercial publishers or health organizations, and these groups probably will continue to develop AIDS materials. Teachers might consider contacting each company or organization to receive its most recent catalogue or brochures and to be placed on the mailing list.

School Curricula

AIDS: What Young Adults Should Know
William L. Yarber
Student and instructor's manuals
American Alliance Publications, P.O. Box 704, Waldorf, MD 20601; (707) 476-3481.
Canadian Version: Douglas & McIntyre (Educational) Ltd., 1613 Venables St., Vancouver, British Columbia V5L 2H1; (604) 255-7701.

STD: A Guide for Today's Young Adults
William L. Yarber
Student and instructor's manuals, includes AIDS information
American Alliance Publications, P.O. Box 704, Waldorf, MD 20601; (707) 476-3481.

Educator's Guide to AIDS and Other STD's
Stephen Sroka and Leonard Calabrese
Instructor's manual
Health Education Consultants, 1284 Manor Park, Lakewood, OH 44107; (216) 521-1766.

Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome
Marcia Quackenbush and Pamela Sargent
Instructor's manual
Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830; (408) 438-4080.

AIDS: What You Should Know (Grades 5-8)
AIDS: Understanding and Prevention (High School)
Linda Meeks and Phil Heit
Student and teacher's editions
Merrill Publishing Company, 936 Eastwind Drive, Westville, OH 43081; (614) 890-1111.

STD: Sexually Transmitted Diseases
Instructor's manual
American Social Health Association, P.O. Box 13827, Research Triangle Park, NC 27709; (919) 361-2742.

AIDS: Learn for Your Life
AIDS: Taking Action (junior high)
Linda Langs and Faye Howard Winters
Instructor's manual and videotape
All Media Productions, Educational Division, 1424 Lake Drive S.E., P.O. Box K, Grand Rapids, MI 49501; (616) 459-9707.

AIDS: The Preventable Epidemic
Claudia L. Webster
Instructor's manual and videotape
AIDS Education Program, Oregon State Health Division, P.O. Box 231, Portland, OR 97207.

AIDS Prevention Program for Youth
Student workbook, instructor's manual, videotape, parent brochure
American Red Cross, AIDS Education Office, 1730 D Street N.W., Washington, D.C. 20006; (202) 737-8300.

Audiovisual Materials

Avoiding AIDS: What You Can Do
1987, filmstrip/cassette, VHS videocassette. Includes copy of student and teacher's manuals for the curriculum, *AIDS: What Young Adults Should Know* by W. Yarber (American Alliance Publications).
Marshfilm, P.O. Box 8082, Shawnee Mission, KS 66208; (800) 821-3303.

Understanding AIDS: The Silent Enemy
1987, filmstrip/cassette, videotape
Sunburst Communications, Room RH03, 101 Castleton Street, Pleasantville, NY 10570-9971; (800) 431-1934.

AIDS: What Every Kid Should Know
1987, videotape
Barr Films, 12801 Schabarum Avenue, P.O. Box 7878, Irwindale, CA 91706-7878; (818) 338-7878.

About AIDS
1986, 16mm film, videotape
Pyramid, P.O. Box 1048, Santa Monica, CA 90406; (800) 421-2304.

The AIDS Movie
1986, 16mm film, videotape
New Day Films, 22 Riverside Drive, Wayne, NJ 07470; (201) 633-0212.

AIDS: What Are the Risks?
1986, filmstrip/cassette, videotape
Human Relations Media, 175 Tompkins Avenue, Pleasantville, NY 10570; (800) 431-2050.

Beyond Fear
1986, 16mm film, videotape
American Red Cross Series, Modern Talking Picture Service, 5000 Park Street North, St. Petersburg, FL 33709; (813) 541-5763.

Sex, Drugs, and AIDS
1986, 16mm film, videotape
ODN Productions, 744 Varick Street, New York, NY 10013; (212) 431-8923.

The Subject Is AIDS
1987, videotape
ODN Productions, 744 Varick Street, New York, NY 10013; (212) 431-8923.

AIDS in Your School
1986, 16mm film
Peregrine Productions, 330 Santa Rita Avenue, Palo Alto, CA 94301; (415) 328-4843.

AIDS: Acquired Immune Deficiency Syndrome
1986, 16mm film
Walt Disney Educational Media Company, 500 S. Buena Vista Street, Burbank, CA 91521; (818) 840-1000.

Computer Software

STD: A Guide for Today's Young Adults
1987; Apple and IBM
Based on *STD: A Guide for Today's Young Adults* and *AIDS: What Young Adults Should Know* by W. Yarber (American Alliance Publications).
Georgia State University Foundation, Department of Medical Technology, University Plaza, Atlanta, GA 30303; (404) 658-3034.

AIDS: The New Epidemic and
AIDS: The Investigation
1987; Apple
Includes copy of student and teacher's manuals of the curriculum, *AIDS: What Young Adults Should Know* by W. Yarber (American Alliance Publications).
Marshfilm, P.O. Box 8082, Shawnee Mission, KS 66208; (800) 821-3303.

Books and Pamphlets

AIDS and the Public Schools
National School Boards Association, Research and Information Services Department, 1680 Duke Street, Alexandria, VA 22314; (703) 838-6722.

Surgeon General's Report on AIDS
AIDS, P.O. Box 14252, Washington, DC 20044.

Confronting AIDS: Directions for Public Health, Health Care and Research
National Academy of Sciences, National Academy Press, 1201 Constitution Avenue N.W., Washington, DC 20418.

AIDS Information for Young People
What Everyone Should Know About AIDS (also in Spanish)
Why You Should Be Informed About AIDS (for health care workers)
What Gay and Bisexual Men Should Know About AIDS
AIDS and Shooting Drugs (for IV drug users, their families, and drug treatment counselors)
Channing L. Bete Co., 100 State Road, South Dearfield, MA 01373; (800) 628-7733.

AIDS, Sex and You
Facts About AIDS and Drug Abuse
AIDS and Your Job: Are There Risks?
Gay and Bisexual Men and AIDS
AIDS and Children: Information for Parents of School Age Children
AIDS and Children: Information for Teachers and School Officials
Caring for the AIDS Patient at Home
If Your Test for Antibody to the AIDS Virus Is Positive
Co-produced by the U.S. Public Health Service and the American Red Cross, AIDS, Suite 700, 1555 Wilson Blvd., Rosslyn, VA 22209.

AIDS: Opposing Viewpoints
Greenhaven Press, 577 Shoreview Park Rd., St. Paul, MN 55126; (800) 231-5663.

How to Talk to Your Children About AIDS
SIECUS/New York University, 32 Washington Place, Room 52, New York, NY 10003; (212) 673-3850.

Information/Education Plan to Prevent and Control AIDS in the United States
Office of Public Inquiries, Centers for Disease Control, Bldg. 1, Rm 1363, 1600 Clifton Road NE, Atlanta, GA 30333.

AIDS and Pregnancy
Maternity Center Association, 48 E. 72nd Street, New York, NY 10128; (212) 369-7300.

AIDS: Your Child and the School
R & E Publishers, P.O. Box 2008, Saratoga, CA 95070.

Information for People of Color: Asians, Blacks, Latinos, Native Americans
Straight Talk About Sex and AIDS (also in Spanish)
Women and AIDS
Your Child and AIDS
San Francisco AIDS Foundation, 333 Valencia St., 4th Floor, San Francisco, CA 94103; (415) 864-4376.

Andrea and Lisa
You Don't Have to Be White or Gay to Get AIDS
Hero, 101 W. Read Street, Suite 812, Baltimore, MD 21201; (301) 685-1180.

What Women Should Know About AIDS
Network Publications, 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, CA 95061-1830; (408) 429-9822.

Other Printed Materials

AIDS Educator: A Catalog of AIDS Educational Material
San Francisco AIDS Foundation, 333 Valencia Street, 4th Floor, San Francisco, CA 94103; (415) 864-4376.

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Criteria for Evaluating an AIDS Curriculum
National Coalition of Advocates for Students, 100 Bolyston St., Suite 737, Boston, MA 02116; (617) 357-8507.

"Education and Foster Care of Children Infected with Homo T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus." *Morbidity and Mortality Weekly Report*, 34 (30 August 1985): 517-21.

"Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome." *Morbidity and Mortality Weekly Report* 36, Supp. No. 1S (14 August 1987): 1-14.

MMS Publications, C.S.P.O., Box 9120, Waltham, MA 02254; (617) 893-3800.

Newsletters

AIDS Alert
American Health Consultants, 67 Peachtree Park Drive NE, Atlanta, GA 30309; (404) 351-4523.

The AIDS Record
BIODATA Publishers, 1518 K Street NW, Washington, DC 20005; (202) 393-AIDS.

AIDS Targeted Information Newsletter
Williams & Wilkins, 428 E. Preston Street, Baltimore, MD 21202; (800) 638-6423.

AIDS & ARC News
Belmont Publishing, 1059 Alameda, Belmont, CA 94002; (415) 591-0935.

AIDS Literature & News Review
University Publishing Group, 107 E. Church Street, Frederick, MD 21701; (800) 654-8188.

SIECUS Report
Sex Information and Education Council of the U.S., New York University, 32 Washington Place, New York, NY 10003; (212) 673-3850.

Information Sources

AIDS School Health Education Subfile on the Combined Health Information Database

Contains programs and curricula; health policies, regulations, and guidelines; and materials for schools. Managed by the U.S. Public Health Service.

BRS Information Technologies, 1200 Route 7, Latham, NY 12110; (800) 345-4277.

SIECUS Information Service and Library

Sex Information and Education Council of the U.S., New York University, 32 Washington Place, New York, NY 10003; (212) 673-3850.

Organizations

Department of Health and Human Services
Surgeon General, Public Health Service
Office of the Assistant Secretary for Health, 716G Hubert H. Humphrey Bldg., 200 Independence Avenue SW, Washington, DC 20201; (202) 245-7702.

AIDS Coordinator, Public Health Service
729H Hubert H. Humphrey Bldg., 200 Independence Avenue SW, Washington, DC 20201; (202) 245-0471.

Public Affairs Office, Public Health Service
721H Hubert H. Humphrey Bldg., 200 Independence Avenue SW, Washington, DC 20201; (202) 245-6867.

Centers for Disease Control, AIDS Program
1600 Clifton Road NE, Atlanta, GA 30333; (404) 329-2405.

Centers for Disease Control, Office of Public Inquiry
1600 Clifton Road, NE, Atlanta, GA 30333; (404) 329-3534.

U.S. Department of Education
400 Maryland Avenue SW, Washington, DC 20202; (202) 732-3020.

National Institutes of Health AIDS Program Director
900 Rockville Pike, Bethesda, MD 20892; (301) 496-2263.

World Health Organization
Director, WHO Special Program on AIDS, 20 Avenue Appia, 1211 Geneva 27, Switzerland; 011-41-22-9126-11.

National Association of People with AIDS
1012 14th Street NW, Suite 601, Washington, DC 20005; (202) 347-1317.

Minority Task Force on AIDS
New York City Council of Churches, 475 Riverside Drive, Room 456, New York, NY 10115; (212) 870-2421.

Hispanic AIDS Forum
APRED, 853 Broadway, Suite 2007, New York, NY 10003; (212) 870-1902 or 870-1864.

National Hotlines

National AIDS Hotline
1-800-342-AIDS

National Institute on Drug Abuse
1-800-662-HELP

National Gay Task Force
1-800-221-7044

Appendix C
AIDS Summary Sheet*

AIDS, or acquired immunodeficiency syndrome, has become one of the most serious health problems of modern times. The number of cases is increasing in the United States and many nations of the world. One to two million persons in the U.S. may have become infected with the AIDS virus. In addition, five to ten million persons worldwide may have the AIDS virus. Only a fraction of these people have developed AIDS. There is no cure for the condition. Hence, most persons who develop AIDS finally die. Experts believe that 54,000 people in the U.S. will die from AIDS in 1991. Further, there is no vaccine that can protect persons from getting the virus. Prevention is now the only way to control AIDS. AIDS is prevented by avoiding behavior that results in infection.

What is AIDS? AIDS is caused by a virus that weakens the immune system. Therefore, the person with the AIDS virus may acquire severe infections. A person is considered having AIDS once one or more of several infections develop. The disease acquired, not the AIDS virus, usually kills the person. The percent of persons infected with the AIDS virus that will develop AIDS or become ill is

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not known for sure. The virus can be transmitted soon after a person becomes infected. This is true even if the person never develops AIDS.

How is the virus transmitted? The AIDS virus is present in semen, vaginal secretions, and blood. The AIDS virus is not highly contagious. It is mainly transmitted by sexual contact and by sharing IV drug needles and syringes. There are no known cases where AIDS has been transmitted by saliva. The virus can also be passed from a woman to her unborn or newborn child. Anyone – heterosexual, homosexual, or bisexual – engaging in risky sexual or drug-use behavior with an infected person can get the AIDS virus. The AIDS virus is not spread by casual, social, or family contact. You cannot get the AIDS virus by touching or being near a person with AIDS or who is infected with AIDS virus.

Currently in the U.S., the AIDS cases have been: homosexual or bisexual men (about 66%); heterosexual IV drug users (about 17%); homosexual and bisexual men who are IV drug users (about 8%); heterosexuals (about 4%); undetermined (about 3%); and recipients of AIDS contaminated transfused blood or blood-clotting factor (about 3%). Some health authorities believe that the percentage of infected heterosexual men and women will increase in the U.S.

How AIDS is diagnosed. A person should be concerned about being infected with the AIDS virus if engaging in risky sexual or IV drug-use behaviors. There is a test for antibodies to the AIDS virus. Positive test results mean that the person has been infected with the virus, but the person may not have or may not even develop AIDS. The development of certain serious illnesses is how physicians determine if a person has AIDS. The antibody is also used to screen donated blood, semen, and body tissues and organs. Persons engaging in high-risk behaviors should consult with a physician, an AIDS organization, or the health department about taking the test. Local or state health departments and many AIDS organizations have confidential testing for all persons, including teenagers.

The incubation period for AIDS ranges from a few months to many years. Symptoms of infection with the AIDS virus include: swollen lymph glands, night sweats, extreme tiredness, weight loss, and diarrhea. Only a physician can diagnose AIDS.

Preventing AIDS. To help prevent getting the AIDS virus: 1) avoid sexual intercourse and intimate sex; 2) practice sexual fidelity in marriage or in a long-term relationship with an uninfected partner; 3) use condoms during all sexual contact; 4) avoid mouth contact with a partner's semen, blood, vaginal secretions, or body waste; 5) avoid anonymous, high-risk, and multiple sex partners; and 6) avoid sharing IV drug needles and syringes, preferably by not using IV drugs except by physician's order. A condom should be used when having sex with anyone other than a faithful and uninfected partner. Even then, there is still some risk since the condom is not 100% effective. A person should discuss personal health responsibilities with a sexual partner.

Promoting AIDS prevention efforts. One can help fight AIDS by: 1) correcting misinformation; 2) providing financial support to AIDS organizations; 3) voicing concern to government officials; and 4) giving moral support to those with AIDS.

Keeping informed about AIDS. For the latest information or materials on AIDS, contact the local or state health department, a physician, an AIDS organization, or a local AIDS telephone hotline. These sources can tell a person about the location of AIDS testing, health care, and support services in your community. Also, the AIDS National Hotline (1-800-342-AIDS) can be contacted.

Final Note. Even though there is no cure or vaccine for AIDS, infection with the AIDS virus can be prevented. The best defense is to follow the prevention guidelines suggested here.

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